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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D., and LUNSFORD P. YANDELL, M. D.

ISSUED EVERY SATURDAY.

☞Terms, $3.00 a Year in Advance, Postage Paid.☜

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully, CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine. ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph. ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt on experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. **McKESSON & ROBBINS.**

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ½ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS. (Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr.)	2 00	9 75
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very respectfully,
TROMMER EXTRACT OF MALT CO.

From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474.

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod-liver oil, carbo-hydrates (malt-sugar, dextrin), taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should therefore be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod-liver Oil in the treatment of phthisis and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

From the Buffalo Medical and Surgical Journal, May, 1878.

TROMMER'S EXTRACT OF MALT is not only pure and reliable, but is warranted to keep for years in any climate. We have found much benefit to accrue from its use in debility, and we refer to Art. III., this number, for its application in phthisis.

Art. III.—Extract of Malt and Phosphorus Compounds in the Treatment of Phthisis, by Elwood C. Lester, M. D., Philadelphia.

* * * The writer regrets not being familiar with the views of Churchill, further than that in 1855 he conceived the idea that consumption was a consequence of deficiency of the hypophosphites in the system; that during the two succeeding years he tried the hypophosphites as remedial agents, and in July, 1857, reported his results in thirty cases to the Academy of Medicine in Paris. I am not sure whether he realized the antagonism between his remedy and the acid condition of the stomach and duodenum; if he did, and counteracted it, the writer can, in a large degree, accept his views. The writer had but just begun the practice of his profession in his native state (Massachusetts) when Churchill's remedy was announced. He tried it in a large number of cases; in a few the result was truly gratifying, but in a large per cent no advantage was derived. So, with him, it fell out of favor, and by 1876 had ceased to be employed. During that year I began giving a patient five grains of the hypophosphite of lime and a tablespoonful of extract of malt three times a day. The patient, a lady of thirty, had been going from bad to worse under previous treatment. Cod-liver oil, given in various forms and numerous vehicles, had sickened her stomach; iron and quinia had seemed to predispose to hemorrhage, and aggravate the cough; but ere two weeks had elapsed from the time she began taking the malt and hypophosphite of lime an improvement began, and continued until the lady seemed restored. I have since tried the same practice in about twenty cases, and so uniformly satisfactory has been the result that I have no inclination to try any other mode of treatment. * * * The therapeutics of phthisis may thus be summed up: A rich, nutritious diet, out-door exercise, bowels regular, and rely on the extract of malt and hypophosphite of lime to improve digestion, emulsify the fatty portion of the food so as to obviate butyric fermentation and restore the missing phosphorous elements. * * * * * *

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VI. **LOUISVILLE, AUGUST 24, 1878.** **No. 8.**

R. O. COWLING, M. D., and L. P. YANDELL, M. D.
EDITORS.

Original.

WHAT IS YELLOW FEVER?

BY T. S. BELL, M. D.

If we wish to learn all that is known of this disease as a disease, we should go to the works of experienced masters. What are the features by which it is distinguishable from all other forms of disease? Every disease of which we know any thing has a distinctive mark by which it is positively known. Diphtheria, scarlet fever, measles, intermittent and remittent and yellow fever, each has some phenomenon by which it is known. There have been occasional examples of human beings who resembled one another so perfectly that a casual observer might confound them, but there were always experts who were able to tell one from the other. This confusion of resemblances has often baffled physicians respecting yellow fever. Experienced persons, skillful physicians, have often mistaken severe remittent fever for yellow fever; others have often taken cases of yellow fever for remittent fever. This can not be wondered at. Intermittent and remittent fevers are due to a daily mean solar temperature of sixty degrees for two months, acting on moist vegetable material; yellow fever is always due to a daily mean solar temperature of seventy-five degrees for something over two months, acting on moist vegetable material. Intermittent and remittent fevers are developed before yellow fever can show itself, because the temperature that produces them precedes that for yellow fever; and this is universally the case. Intermittents and remittents may continue in some spots after yellow fever has appeared in contiguous localities more favorable for it. I have often been assured that intermittent fevers do not show themselves at New Orleans, when in fact they are found there for fully ten months of the year. It is not unusual for controversies to spring up among the resident faculty of a place visited by yellow fever, whether that disease has appeared or whether the supposed cases are not attacks of remittent fever. There is now but little excuse for this difference of opinion among medical men, since Colling, of Martinique, and Blair, of Surinam and Demarara, wrote their great monographs on yellow fever.

I know of nothing in the history of disease more surprising than the little progress made in understanding the phenomena of any disease than that attending the history of yellow fever. The wonderful sameness of observations for nearly four hundred years is bewildering. I appeal to a single example as illustrative of a large mass of the material that has been contributed on the subject of yellow fever. I presume that no one will call in question the supreme excellence of Prof. Elisha Bartlett as a medical writer and teacher of medicine. He has never been surpassed in these departments of medical science. His great work on the Fevers of the United States rapidly passed through three editions before lead-paralysis prostrated him. A fourth edition of the work was called for while he was thus paralyzed. He requested his friend, Prof. Alonzo Clark, to superintend the fourth edition. In three

editions of the work Professor Bartlett permitted the following statement to appear: "The urine appears to be generally but slightly or not at all changed; at any rate its alterations are accidental and in no way characteristic of the disease." Prof. Clark makes a long and valuable note upon this statement. The condition of the urine is materially changed in every case of yellow fever. It is now recognized as diagnostic of the disease, and is worth every thing else that we know about yellow fever. It is an infallible pathognomonic sign of yellow fever, and the physician who attends a case of the disease, or a supposed case of it, without making himself intimate, thoroughly intimate, with the state of the urine *at each visit* is unfit to attend upon the case. That intimate knowledge will give him a mastery over the case that nothing else can supply.

In the early stage of yellow fever the matters thrown from the stomach are alkaline. There may be only a single ejection, and the stomach may remain perfectly tranquil two or three or four days. The matter thus thrown off is a *white fluid.* If albumen appears in the urine the first day of the disease, the patient never throws *this white fluid* from the stomach. It is albuminous. This of itself shows the momentous importance of an intimate knowledge of this entire field of pathology. The microscope is a *sine qua non.*

Take it all in all, yellow fever is one of the most remarkable of all the diseases that assail the human family. It is one of the most variable in its signs that is known. Arejula, the great Spanish physician, says, "Cases occur in which physicians of experience and practical tact have thought patients free from all danger when almost immediate death refuted the prognosis; and others, in which the symptoms were of the gravest character, and justified the gloomiest prognosis, would struggle into health."

Ashabel Smith, of Galveston, Texas, an expert in yellow fever, says: "From the frequency of the pulse, appearance of the tongue, temperature of the surface, clearness of intellectual faculties, a favorable prognosis should be formed with extreme caution, as these frequently do not vary from the standard of health in cases of extreme danger." Now, had Arejula and Ashabel Smith known any thing of the momentous character of the renal condition in yellow fever, they would have been armed against this uncertainty, and would have had an infallible guide to prognosis. The great Bally says: "There is no other acute disease in which the intellectual faculties remain as clear as in this disease;" but precisely the same state of things exists in malignant intermittent fever and in cholera. I have seen the mind clear and vigorous to the last moment of life.

Of this state of things permit me to give two examples: "The master of the ship Hindu was visited by Dr. Blair. He found him dying, but he sat up in his bed, drank beverages, and joked with the shipmasters around him up to the moment of death."

Dr. Blair, within a few hours of death in the case, found "the carpenter of the Elenor, pulseless, sitting in his chair, enjoying his pipe as though in perfect health."

But let us look at a portrait of the disease drawn by a master intimately acquainted with it—Robert Lawson, Inspector-general of Hospitals. I am indebted to my friend, Dr. Willoughby Walling, for the use of his European London Lancet, of July 20th, containing a paper by Dr. Lawson on this subject. He wrestled with the disease in its indigenous localities on the western coast of Africa and in the West Indies. He says: "Yellow fever is a febrile disease, usually terminating in convalescence or death from the fourth to the seventh day, but either may occur as early as the second day, or not before the tenth or twelfth, or even later. There is generally yellowness of the surface, commencing at various periods in different individuals or epidemics. On the evening of the third day, or morning of the fourth, the urine usually contains traces of albumen, and on the latter a considerable sediment appears in it, almost wholly con-

sisting of the scaly epithelium of the bladder. This is succeeded by an equally copious one on the morning of the fifth day, which consists almost exclusively of granular tube-casts from the kidneys, with scarce a trace of epithelium from the bladder. By this time the albumen has usually become considerable, the chlorides have been greatly reduced, and the urine as a whole is usually scanty, and may even go on to complete suppression. If there be much yellowness, the urine may contain a variable quantity of the coloring-matter of the bile. The alvine discharges are devoid of the natural feculent appearance, especially from the third day onward, until the disease gives way." (Dr. Blair calls these discharges "caddy-stools," from a mud of that name at Demarara.) The alvine discharges contain triple phosphates, showing the utter perversions of excretions in this disease. "As the alvine and urinary secretions assume these peculiarities, there is a great tendency to black vomit or discharges of similar matter from the bowels, or to the so-called hemorrhages from the various mucous surfaces, or even in some cases from the skin; and after death such may often be found in the stomach or intestines when not manifested during life. Such are the distinctive features of a normal case of yellow fever, but in some the occurrence of the urinary symptoms may take place earlier than here mentioned, and in others they seem to be delayed for a day or two; but whenever watched from day to day, and properly examined, it is found that the changes in the urine not only embrace the albumen, but indicate desquamation of the bladder and kidneys *as regular features of the disease.* It is important to bear this in mind, for in some varieties of intermittent albumen has been found in the urine; but in such cases it occurred only during the cold stage, and went off as the fever came on, and was not preceded or accompanied by the desquamative process present in yellow fever, *but which is not met with in either the pure intermittent or remittent.*"

The italics in this extract are mine. That which I wish to impress upon the mind of every body is that in the hours when the disease is amenable to treatment this special disease can be told only by the microscope and the best tests for albumen. It may be remittent fever or yellow fever; it is vital to the welfare of the patient to distinguish them, *and that can be done in no other way than by the masterful use of the microscope.* A physician who has not that mastery of the microscope, and who does not make it give him a full revelation, is no more prepared to attend a case of yellow fever than he is to fly. These are the doctrines that I have taught to every medical class for the past twenty-two years. Dr. Blair very truly says, "As long as urine passes, though as black as ink, there is hope for the patient; he may struggle into convalescence."

Dr. Lawson gives some instructive facts on the cause of yellow fever, which I shall attend to in my next paper on the subject. And now, I ask, what do these indubitable truths, as expressed by Dr. Lawson, teach us? In intermittent fever, and in remittent, the urine is sometimes totally suppressed. Death is inevitable in every case of the kind. This is the distinguishing sign of cholera. In every case of yellow fever great changes are invariably impressed upon the renal organs. In all "walking cases" the total suppression is coincident with the first sign of the disease, and no one ever recovers from that. There is but one cause of disease known to medical philosophy that produces these changes in the renal organs. It must be self-evident that thousands of cases of remittent fever of a grave character are called yellow fever when the microscope, and only its use, would show the true character of the disease.

Dr. Ormerod, of Bartholomew's Hospital, very forcibly and pertinently says: "Another point in toxicology, which may aid us in the investigation of the pathology and therapeutics of fevers, is that poisons have a specific determination to some organ in especial as well as a general influence." Now here is a class of fevers of a peculiar character—in-

termittent, remittent, and yellow fevers—prevailing in a tropical climate, in the same locality, and the poison from which they spring invariably displays itself upon the renal organs. There is no case of either of the diseases without these phenomena, and the signs belonging to each must be known. Intermittent fever is occasionally fatal in the first paroxysm, sometimes in the third, and the fatal issue is due to this overwhelming action on the renal organs. The remittent fever is sometimes as fatal as yellow fever. The malignant remittent at Edam, as described by Dr. Shields, whose report is in Dr. James Johnson's "Diseases of Tropical Climates," was as fatal as yellow fever could have been, yet it was perfectly distinct from yellow fever. Dr. Shields says that every person who slept on shore died. Intermittent fever sometimes has the black vomit; that was a common symptom in the remittent fever at Edam. It is a prevalent sign in yellow fever. How are these notorious truths to be accounted for? How is the veil to be lifted, except as a revelation of a community of origin? Every case of intermittent, every case of remittent fever that has occurred among men, came from one cause; and as malignant remittent fever is always due to the concentrated character of the poison in a climate approaching that which produces yellow fever, we are at no loss to account for the fact that the high persistent solar temperature that invariably accompanies yellow fever, produces qualities in the poison that inflicts the perilous changes in the renal organs as characteristic of yellow fever, as the eruption of scarlet fever is characteristic of that disease. Intermittent, remittent, and yellow fevers never attack any who are not exposed to their cause; neither of them ever arise from any amount of exposure in daytime; they all begin their attacks at night, with great uniformity. These facts, for facts they are, point to a species of unification as the cause.

Another feature common to all these forms of disease is the latency of the cause. Persons may leave a locality of intermittent, remittent, or yellow fever, travel for weeks in a region where such diseases are never produced, and then be attacked with precisely that form of disease to which the indigenous locality gave origin. And the peculiarity of this law of latency is that no matter what may be the character of the disease produced in the locality where the poison was acquired, it will develop precisely that form of disease, no matter how great may be the lapse of time. These are great truths, common to intermittent, remittent, and yellow fevers, that are not nearly so well known and understood as they should be. They infallibly point to one momentous truth which I have known tested in many hundreds of cases with invariable success. If all the persons who leave such a locality immediately begin the use of salts of Peruvian bark, and take it until cinchonized, neither intermittent, remittent, or yellow fever can show themselves until a new supply of poison is acquired. Upon this truth the British government has changed the health-rate of the British navy. For a long period of time the death-rate was one in every eight of the seamen. The death-rate now is one in seventy-two. This change has been produced by two standing orders of the Admiralty. One order prohibits the sleeping on shore at night in any tropical climate; the other requires that as the ship approaches a tropical latitude every person on board shall daily take a dose of quinine. In this way the British Admiralty has disarmed the West Indian and West African coasts of the terrors of their former death-dealing poison. Should we be indifferent to such impressive truths as these?

In the middle ages the doctors fired at the planets as the cause of the deviltries of epidemics. In this nineteenth century medical minds affect disinfectants. Of the existence of any thing of the kind they know nothing. In Memphis and New Orleans carbolic acid, chlorine, coal gas, and fumigations of tar and sulphur were tried and wasted in large quantities. Dr. Jerome Cochrane, Professor

of Public Hygiene and Medical Jurisprudence in the Alabama University, took hold of the subject with the mind of a philosopher. He says: "The City Hospital at Mobile has been more thoroughly 'disinfected' than any other part of the city; the whole atmosphere in its vicinity was saturated with carbolic acid for weeks, yet the protective virtues of 'disinfection' have not only failed to check the progress of yellow fever in the hospital and vicinity, but have failed to modify its type, while in other parts of Mobile, where disinfectants were not used, there was no yellow fever. In 1871 Dr. Albers was the champion fumigator of New Orleans, using all the resources of carbolic acid and fumigation in the fourth district of New Orleans; yet in a diameter of fourteen hundred feet there were fifty-four deaths in one hundred and fourteen cases. In 1872, in that same district, carbolic acid and fumigation were used pertinaciously, but eighty-three cases of yellow fever occurred there, and continued to occur until frost stopped the action of the cause." Dr. Cochrane says: "The experiment has been made and it failed; and it is due to the cause of truth and sanitary science and to the interests of the public health here that no false and misleading estimate of what it has accomplished shall be allowed to fasten itself on the public mind." And now, in 1878, the Surgeon-General of the United States is requested to become a fumigator of all mail-matter from infected districts. Here in Louisville we receive mails, letters, and papers from New Orleans, Memphis, and Grenada, and handle them as safely as we ever handled them. We meet daily those who have come from the focus of the pestilence, and we entertain no more fear of catching disease from them than we have of catching the features of their countenance to the confusion of personal identity. The great disinfectant of yellow fever is frost, that has often ended its ravages as soon as it appeared.

When may we hope for that blissful time when medical men shall learn that their science consists of facts, and not of theories? When may we hope that they shall not guess their way in any thing, but act upon positive convictions, based on absolute knowledge? They have no excuse for mistaking a case of yellow fever. The microscope is an infallible guide to positive knowledge on this subject, and there are no other means known for this but those provided by that instrument. Black vomit is attendant on intermittent and remittent fever; yellowness of the skin may invade both; there may be the so-called hemorrhages in both, yet these are often considered and accepted as signs of yellow fever.

I owe my medical brethren one more article on this subject, which I shall endeavor to give them next week.

LOUISVILLE.

Correspondence.

SALICYLIC-ACID SNUFF IN HAY-COLD.

To the Editors of the Louisville Medical News:

It won't do to swallow or snuff up every thing one sees in print. Even so veracious a journal as the LOUISVILLE MEDICAL NEWS may lead into error. Last week you published among the selections an extract from the British Medical Journal in which was related the experience of "W. J. H. Wood" with salicylic acid in hay-fever. He used the acid as a snuff, given pure, to the amount of "ten or fifteen grains daily." I innocently gave the prescription to a patient, who, after trying it, asked if it was not a "little strong." Whereupon, having said "Oh, no," I illustrated my faith with works, and took a pinch myself. Shades of Macaboy, of Rapee, of cayenne pepper, of all mixed! Faint and puny outlines are ye of the "salicylic acid pure." Was my faith shaken? Yes, my friend, and the very foundations of the house in which I stood, by the sneeze which followed the snuffing of that innocent-looking powder. I said I thought *it was* a little strong, and would have it diluted. And now a most curious sequel: I took that powder to a drug-

store (there were about forty grains of it), and had successively stirred into it a drachm of bismuth, half an ounce of powdered gum arabic, a lot of borax, and a handful or so of powdered slippery elm, and at no stage of the proceeding was there any compound which could be snuffed without fear of sneezing one's eye-balls loose. Indeed I might say, as the result of no little anxious experimentation, that the snuffing of all ordinary and many of the extraordinary dilutions of salicylic acid is far worse than the majority of hay-colds. "W. J. H. Wood's" patient (he had one who liked the acid) was evidently copper-lined.

Yours, "No-more-in-Mine."

P. S. You will be glad to learn that the drug-clerk, upon whom most of my later experiments were conducted, is recovering, though slowly.

LETTER FROM LONDON.

To the Editors of the Louisville Medical News:

I take the liberty to forward a copy of some more notes in hopes that they may not prove uninteresting.

Radical cure of Varicocele.—University Hospital. By Mr. Marshall. Patient aged twenty-eight. Eleven months since he felt uneasiness about the left testicle and noticed that the veins were enlarged. It grew worse, accompanied by drawing-down pains in the groin, and rapid increase in the size of the veins; had cold water dressings, followed afterward by a suspensary bandage, which he wore when he entered the hospital. The veins were then obliterated by passing two stout ligatures, an inch apart, through the upper portion of the scrotum, around the plexus of veins, and bringing them out at their points of perforation and tying them tightly. The veins were then divided between the ligatures subcutaneously and the parts dressed with carbolized oil gauze and oakum. From the third to the eleventh day, on moving, he had slight attacks of pain, with some swelling in the groin and occluded portion of veins, which afterward disappeared, the ligatures coming away on the thirteenth and fourteenth days. On the fifteenth day he was walking about the wards completely free from the varicocele, and left the hospital five days afterward.

Radical cure of Hydrocele.—King's College Hospital. By Mr. Smith. Patient aged forty-two; had a large hydrocele which had been tapped three times and had refilled as often. The treatment began by drawing off the fluid with the trocar and canula, pressing gently the scrotum, so that as little fluid as possible might be left in; then through the canula four drachms of the iodine solution (iodine 1 part, water 2 parts) was injected, the parts still being manipulated that the iodine might thoroughly come in contact with the whole inside surface. During the injection there was slight burning pain in the groin, which lasted for about three hours, and the next day the scrotum was slightly swollen, but soon disappeared. The man left the hospital on the fifth day feeling perfectly well. In the remarks preference was given the iodine because it did not produce the disagreeable effects that sometimes follow the use of the seton.

Colotomy.—Guy's Hospital. By Mr. Bryant. Male, aged twenty-five years; had syphilitic stricture of rectum. The operation was by the left loin method. The colon was hooked out with the finger, well exposed, and two stout sutures passed through it and the skin near the incision. It was then opened between the sutures, the loops pulled out, divided, and the gut tied to the surface at four different points. Then on either side of the sutures a triangular one was inserted that passed through the sides of the intestine, holding them well toward the angles of the wound. The carbolized oil dressing was used; the diet milk and beef-tea. On the fifth and seventh days the sutures were removed, and motions passed through the fistula on the ninth; they afterward became regular, giving no pain, except when the feces passed into the rectum.

Gastrotomy.—Guy's Hospital. By Mr. Howse. Female, aged thirty-seven; had

cancerous stricture of œsophagus; had experienced difficulty in deglutition for three months; much flesh lost; swallowing difficult and quite painful. The growth being very slow, it was decided to perform gastrotomy. The operation began by making the usual incision two and a half inches long, parallel to the linia alba on the left side, exposing the cardiac end of the stomach, which was pulled out in the wound, and by three sutures on the inside and four on the outside, passing through the serous and muscular coats of the stomach, tied it to the fresh edges of the incision; between each of these a thinner suture passed through the same coats, and stitched it to the skin of the incision. All this was done under the spray and dressed antiseptically. On the fifth day adhesions had formed between the stomach and approximate walls, when it was opened and food introduced.

Orthopædic.—Royal Orthopædic Hospital. *Talipes equinus* is treated by division of the tendo-achillis, the foot then dressed without extension until puncture is healed. On or about the fourth day, when extension begins, and is made gradual and continued by the use of a suitable shoe until it is complete, in about six weeks. If the plantar fascia is then found contracted it is divided and the foot extended to the desired position.

Talipes Varus.—In congenital varus the treatment is wanted to begin within some few weeks of birth, as less time is then required to produce an equally successful result. In some very slight cases the deformity is cured by bandaging with manipulations, but generally the tendons are divided, and after their fibrous union the foot is everted by gradual extension into the equinus, and then treated as in that deformity.

Curvatures of the Spine. — In posterior curves Dr. Sayre's plaster jacket is used and liked very much. For lateral and other curvatures the instrumental apparatuses are still preferred at this hospital, though in others the jacket is used exclusively.

Yours obediently,

D. A. Coyle, M. D.

Miscellany.

The Metric System for Physicians.—Francis H. Brown, M. D., in the Medical Register for New England:

To understand the metric system thoroughly, and to use it intelligently, a person should *forget* the units of length, volume, and weight to which he has been accustomed, and should at once and definitely familiarize his senses with the new measures, as they are brought into daily use, irrespective of the old system. It is simply an arbitrary rule which makes a grain of opium a medium dose for an adult; it may be a maximum dose for one and a minimum for another. To supply a practical guide to physicians, a list of the minimum and maximum doses of the more common drugs, very nearly equaling the doses usually employed, is given. For those who wish to convert the value of doses in the old system to the new, the following facts and table are given.

The metric system was first suggested by French scientists, about the year 1790, with a view of making all measures of length, volume, and weight uniform throughout the world. It comprises the following units of measure:

The *meter*, the unit of length=the ten-millionth part of the terrestrial meridian, or the distance between the pole and the equator=39.370432 inches.

The *liter*, the unit of capacity=a cube of the tenth part of a meter=1.0567454 wine-quart.

The *gram*, the unit of weight=the weight of a cubic centimeter of water at its maximum density (4°Cent.)=15.43234874 grains. In medicine the *gram* is the unit of weight, and the *cubic centimeter*, or a measure of one gram of water, is the unit of volume; practically the two terms are equivalent, except with very heavy or very light liquids.

℥i (Troy)=480 grains=31	103 grams, about	32	
℥i = 60 grains= 3	888 grams, about	4	
1 grain =	0648 gram, about		06
¼ grain =	016 gram,		016
⅛ grain =	008 gram,		008

The average (household) teaspoon holds five and the tablespoon twenty cubic centimeters.

The following prescription illustrates the method of using the system, and the facility of dividing the dose in proportion to the age of the patient, the first column representing the dose for an adult. The decimal *line* instead of *points* makes errors impossible.

	(1)	(½)	(¼)	(⅕)	(⅛)	(1/10)
℞ Potassii acetatis	8	4	2	1 60	1	80
Spiritus ætheris nitrosi	16	8	4	3 20	2	1 60
Syrupi scillæ	4	2	1	80	50	40
Aquæ menthæ piperitæ	100	100	100	100	100	100

Misce.

	Minimum.	Maximum.
Acidum arseniosum	005	008
carbolicum	05	20
gallicum	20	1 00
hydrocyanicum dil	10	30
muriaticum dil	10	1 00
nitricum dil	25	1 00
phosphoricum dil	50	4 00
salicylicum	25	1 00
sulphuricum aromaticum	50	2 00
tannicum	10	1 00
Aconiti extractum	03	06
radicis tinctura	25	1 00
Ætheris, spiritus comp	2 00	4 00
nitrosi	2 00	4 00
♀ Aloe socotrina	10	50
Aloes et myrrhæ tinctura	4 00	8 00
Ammoniæ aqua	50	1 00
acetatis liquor	8 00	30 00
spiritus aromaticus	1 00	4 00
Ammonii, bromidum	25	1 00
carbonas	25	1 00
chloridum	50	2 00
valerianas	25	50
Amyl nitris	10	30
Antimonii vinum	50	4 00
et potassii tartras	002	10
Argenti nitras	015	15
Assafœtida	25	1 00
Assafœtida tinctura	25	2 00
Belladonnæ folia	05	15
extractum	015	06
tinctura	25	1 25
Bismuthi subnitras	25	1 00
Buchu extractum fluidum	2 00	8 00
Camphora	10	50
Camphoræ aqua	15 00	30 00
Cannabis indicæ extractum	015	06
tinctura	25	1 00
Cantharidis tinctura	25	1 00
Capsicum	06	30
Capsici tinctura	50	1 25
Catechu tinctura	2 00	8 00
Cerii oxalas	06	30
Chloral	25	1 25
Chloroformum	25	2 00
Cinchonæ tinctura composita	4 00	8 00
quinia (salts of)	05	1 25
cinchonia (salts of)	05	1 25
cinchonidia (salts of)	05	1 25
Colchici tinctura	25	1 25
radicis vinum	50	2 00
seminis	2 00	4 00
Colocynthidis extractum comp	25	2 00
Conii extractum	10	25
tinctura	2 00	4 00
Copaiba	1 00	4 00
Creasotum	05	25
Croton chloral	05	50
Cupri sulphas	015	30
Digitalis	05	10
extractum	03	12
tinctura	50	2 00
Elaterium	008	10
Ergotæ extractum fluidum	50	4 00
Fel bovinum purificatum	20	50

	Minimum.	Maximum.
Ferri carbonas saccharatum	25	2 00
citras	25	60
iodidi syrupus	50	4 00
pyrophosphas	10	30
subcarbonas	25	2 00
sulphas	05	30
chloridi tinctura	50	2 00
Ferrum redactum	06	30
Filicis oleoresina	50	2 00
Gelsemini tinctura	05	1 50
Guaiaci tinctura	2 00	4 00
ammoniata	2 00	4 00
Guarana	50	2 00
Hydrargyri chloridum mite	03	1 00
chloridum corrosivum	005	015
iodidum rubrum	004	015
pil. pulvis	05	1 00
sulphas flava	015	30
Hydrargyrum cum creta	10	50
Hyoscyami extractum	10	25
tinctura	50	2 00
Iodinii tinctura	25	1 00
composita	25	1 00
Ipecacuanha	03	2 00
Ipecacuanhæ vinum	25	30 00
Jaborandi	2 00	4 00
Jalapa	50	2 00
Jalapæ tinctura	2 00	8 00
Juglandis extractum	1 00	2 00
Koosso	10 20	20 00
Kamala	4 00	8 00
Magnesii carbonas	50	2 00
sulphas	15 00	30 00
Nucis vomicæ extractum	03	10
tinctura	50	2 00
strychnia (salts of)	001	005
Oleum morrhuæ	4 00	15 00
ricini	4 00	30 00
terebinthinæ	50	30 00
Oleum tiglii	03	10
Opium	03	10
Opii acetum	25	60
elixir (McMunn)	25	1 25
extractum	03	06
tinctura	50	2 00
camphorata	50	4 00
deodorata	50	2 00
vinum	50	2 00
morphia (salts of)	008	03
liquor morph. sulph. (Mag.)	25	1 00
pulvis ipecac. comp	25	1 00
Pepsina	25	1 00
Phosphorus	001	002
Plumbi acetas	10	30
Podophyllum	50	1 25
Potassii acetas	50	4 00
arsenitis liquor	10	50
bromidum	50	4 00
chloras	50	2 00
iodidum	10	50
nitras	25	1 25
et sodii tartras	8 00	30 00
Rheum	1 00	2 00
Rhei tinctura	2 00	30 00
Salicinaum	50	1 00
Santoninum	03	12
Scillæ acetum	1 25	4 00
tinctura	50	2 00
Sennæ extractum fluidum	4 00	15 00
Sodii carbonas	50	2 00

	Minimum.	Maximum.
Sodii hyposulphis	50	1 25
Spigeliæ extractum fluidum	4 00	8 00
Stramonii folia	10	20
semen	06	12
tinctura	50	1 25
Uvæ ursi extractum fluidum	2 00	8 00
Valerianæ extractum fluidum	2 00	8 00
Veratri viridis, tinctura	25	50
Zinci phosphidum	005	01
sulphas	015	2 00
valerianas	05	30

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S.,
WASHINGTON, August 17, 1878.

New Orleans. Since last report four hundred and seventy-one cases of *yellow fever* and one hundred and twenty-one deaths, making a total of nine hundred and two cases and two hundred and thirty-nine deaths, of which one hundred and eight cases and twenty-nine deaths occurred during the twenty-four hours to noon yesterday.

Port Eads. Thirty-three cases of *yellow fever* and five deaths during the week to yesterday evening.

Grenada, Miss. The first case of *yellow fever* occurred July 25th. To noon yesterday there had been one hundred and twenty-five cases and forty-seven deaths.

Mobile. One death from *yellow fever* yesterday—a colored woman who, it is reported, had been on an excursion to Biloxi, Miss., July 24th.

Cincinnati. Since the last report a young woman, living in a house where baggage believed to be from New Orleans was stored, died of a fever resembling *yellow fever.* Another case of fever of similar character has since developed in the same neighborhood. Steamer John A. Porter, from New Orleans, had four deaths from *yellow fever* before arriving at Cincinnati, which city she passed on Friday, bound for Pittsburgh, with several cases on board. One man, who left the John A. Porter at Louisville, proceeded to Cincinnati by rail, where he was sent to hospital on the 13th inst. with *fever.* The steamer Golden Rule passed Cairo yesterday evening for Cincinnati with two cases of *yellow fever* on board. Two deaths occurred on board that vessel Thursday.

Several people from New Orleans and Port Eads have sickened or died of *yellow fever* on their journey northward; one case at Covington, Ky., one at Cairo, and three deaths at St. Louis.

Memphis. The first case of *yellow fever* occurred August 13th, in the person of a woman whose eating-house was frequented by river-boatmen. The disease has spread rapidly, but has not yet assumed a malignant type.

Vicksburg. Yellow fever has appeared since last report. The first death occurred August 12th. Advices to noon to-day report the outbreak of the disease near the river-front within the last fifteen hours, from whence it is spreading rapidly.

Havana. Ninety-nine deaths from *yellow fever* and nine from *small-pox* during week ended August 10th.

Cardenas and Sagua la Grande, Cuba. No cases of *yellow fever* during the week ended August 9th.

Matanzas. Decrease in *yellow fever* for week ended August 9th.

Calcutta. Ten deaths from *cholera* for week ended June 15th.

Bombay. Twenty-five deaths from *cholera* for week ended June 25th.

Reports received from other places indicate good health.

JOHN M. WOODWORTH,
Surgeon-general U. S. Marine Hospital Service.

"WHITHER AWAY."—London Med. Examiner: There is a great deal of hysteria and a great deal of cant about the modern craze for "going away." Not one quarter of the people who insist so strongly on the absolute necessity of their having an annual holiday trip really stand in physical need of the same. It is only a very small proportion of the community whose conditions of life are so abnormal and unhealthy that the uninterrupted continuance of them is inconsistent with the maintenance of undiminished

mental and physical vigor. The rest of the community would be, we do not say absolutely the better, but certainly not very much the worse, if they never slept away from the place where their daily occupation lies. They have got it into their heads, however, that an annual holiday is as much a necessity for them as a daily sleep, and we doctors have to stand by, the helpless abettors of a physiological fallacy. It is true that in a great number of cases the fallacy has been so burnt into the fibers of mental consciousness by the mordant-like action of hysteria that it is impossible either to remove it or to reckon without it. In hypochondriacal constitutions the belief in the necessity of a periodical change in itself renders such change a necessity. The nervous lady who takes it into her head that an autumn trip to the seaside is required by her health, places herself by that assumption in the very condition to require such a change. But there are many cases in which the necessity of a holiday is put forward on even less substantial grounds than this. That the young city clerk or civil servant, who works about as hard as an emancipated negro, lives down the river, and spends his abundant hours of leisure in invigorating exercise, should put forward his want of health as a plea for still less work and still more leisure is an utter absurdity. Let him confess that his allotted hours of leisure and pleasure, numerous as they are, are not commensurate with his ideas of propriety, that Richmond and Surbiton, beautiful as they are, are not so much to his taste as the Rhine and the Alps, and we shall be willing to entertain his plea. But for a man in perfect health to put forward the requirements of his constitution as an excuse for the gratification of his love of pleasure is nothing short of cant and humbug. And yet we are only too often asked to abet such humbug and to give certificates of ill-health to men whose only deviation from the normal is a deficiency of physical vigor in the face of distasteful work.

But let us leave our patients and think of ourselves. We doctors are, perhaps, not altogether free from the hysteria and cant we have spoken of; but on the whole we think there are no men, except perhaps the stokers on the underground railway, whose conditions of life make an annual holiday so real a necessity as is the case with the doctors. Apart from the hard mental and physical work and wear demanded of the medical practitioner, his constant contact with the sick tends—in much the same way as environment influences the physical characters of animals—to approximate him to their condition. Where the doctor's other surroundings are such as counteract this tendency —where, for instance, his visits are sandwiched between long country drives—there is little need of change either of air or scene. We have known country doctors who had worked in the same village summer and winter for thirty years without any greater holiday than an occasional day with the hounds. This type, we fear, is dying out, partly perhaps from the excessive education demanded now of the medical student; but scattered throughout country towns and villages there is many a doctor still who feels neither the wish nor the need for change, who, fortunately for him, has not imbibed the modern craving for excitement, and the happiness of whose life would be gone were its monotony broken. But, alas, we can not be all like these. We have, most of us, as the Germans would say, smelt the blue flower, and for us there is no longer any possibility of resting contented in the unbroken round of our daily toil, even did our health permit.

Hence for us at this season of the year the question "Whither away?" has the same importance that it has for west-end ladies tired of too much pleasure and city clerks tired of too little work. It is not an easy question to answer even for oneself, and it is utterly impossible to answer it for other people. The requirements of the problem are so different in different cases. One man has children and likes the dismal quiet of Herne Bay; another is a bachelor and pre-

fers a journey to the uttermost parts of the earth. One man loves solitude and the pebbled staircase of Clovelly; another is fond of society and Scarborough hotels. Then there are physical requirements to be taken into consideration. This man wants a stimulant atmosphere, that man a sedative one. This man has a leaning toward gout, and finds Homburg suit him; that man is shaky as to his mucous membranes, and prefers Pyrenees. Then, again, we have to take into account combinations of physical and mental requirements. Dr. A. likes Switzerland and society, and so pitches his tent at Mürren. Dr. B. likes Switzerland and solitude, and haunts year after year some unfrequented hostel. Nor does that important factor in family history—the purse—fail of its influence in fixing the abode of rest.

Difficult, however, as the problem often is, and numerous as are the separate indications which may have to be considered in fixing upon a holiday-resort, there is a very surprising monotony in the results. Most people have so much greater resemblance to screws than to gimlets. They are ready enough to follow where a path has once been opened, but they are utterly powerless to open a path for themselves. Here, as in other matters, we have to lament that great defect in the constitution of the human animal, the grievous want of originality. How is it that the few favored holiday resorts are so very crowded, while numbers of equally charming places are utterly neglected? How is it that for the thousands that go to Switzerland there are tens only that go to the Black Forest, units that visit the Vosges, while the proportion of English tourists who seek the lovely valleys of the Thuringian Forest must be expressed in decimals? How is it that some of the most lovely country scenery in England is neglected, and men may be found who beat Baedeker in Swiss geography, but who have never heard of the vales of Pewsey and Catmos? How is it that the only inland parts of England which are patronized by visitors are those which are remarkable for an exceptionally impure water-supply? To this series of questions the only answer is, that we all carry our duty to our parents to a ridiculous extent, and imitate not only their virtues but their follies. A little disrespect to their memory, at least to the extent of neglecting to imitate them in the matter of holiday trips, would be much to the purpose. A special duty falls on doctors in this respect, for they have to choose holiday resorts, not only for themselves, but for their patients. By making of himself the "vile body" on whom to conduct the experiment, the doctor may in the course of his life add many a new feature to the tourist's guide, providing first his patients, and in their wake the general public, with fresh possibilities in deciding on that delightful but perplexing question, "Whither away?"

THE Louisville City Hospital was bad enough under the old regime. With commissioners supposed to be devoted to the interests of one of the schools, it could not at least be regarded with great favor by the others. Still these then had some sort of a chance. Last spring there was a new deal and a new board fearfully bent upon reform. To be above reproach in school matters, it dispensed alike injustice to all. The head of every school-man which could be loosened tumbled, and a by-law was framed excluding such from the elective hospital staff. The places were then filled by disappointed aspirants for school honors or educational failures, and other great reforms were instituted too numerous to note just here.

What a lovely change has taken place! During the past five months, since the new government was instituted, there has not been a week without its row in the institution, and its affairs are daily dragged before the public in the newspaper press. From the commissioners who, disfiguratively speaking, pull each other's wigs to the scullions who shy poultices at each other, the hospital is in a ferment. Superintendent, graduates, nurses, firemen, and medical staff swell the nasty chorus.

Well—we chronicle the matter as a piece of news, but take no further interest in it. Piously, we address ourselves to the Good Friday collect, which prays for the conversion of "Jews, Turks, Infidels," and lunatics, and calmly await the issue of the fight.

Selections.

Remarks on the Form and Contagiousness of Yellow Fever.—Robert Lawson, Inspector-general of Hospitals, in London Lancet:

There is nothing more striking in the modern literature of yellow fever than the little advance it displays on the line of investigation and the mode of treatment followed by the numerous writers who recorded their experience and views at the beginning of the century. Now, as then, one body of medical practitioners regard yellow fever as presenting various forms, as arising from local causes and not from personal contagion, and as frequently appearing sporadically as well as from time to time in the form of a severe epidemic. Another body considers that yellow fever always arises from a poison given off by a person already laboring under it, as being a continued fever and never presenting a remitting or intermitting form, and as never appearing sporadically, or arising without communication either directly or mediately with a previous case; while they relegate the sporadic cases every West Indian and many an American practitioner are familiar with, and the frequent occurrence of which can not be ignored, to what has been variously designated "remittent" or "malarious yellow fever"—a form said to present a very close resemblance to true yellow fever, including the yellowness of the surface and black vomit, but which may be distinguished from yellow fever by the non-occurrence of albumen in the urine. It is worthy of observation that the great majority of the members of the profession who have resided some years in the tropics, and had constant experience of yellow fever, entertain the first opinion, and it is only among those who have met the disease occasionally, or who have never been brought into contact with it, that the second is generally received.

Yellow fever is a febrile disease, usually terminating in convalescence or death from the fourth to the seventh day, but either may occur as early as the second day, or not before the tenth or twelfth, or even later. There is generally yellowness of the surface, commencing at various periods in different individuals or epidemics. Upon the evening of the third day, or morning of the fourth, the urine usually contains traces of albumen, and on the latter a considerable sediment appears in it, almost wholly consisting of the scaly epithelium from the bladder; this is succeeded by an equally copious one on the morning of the fifth day, which consists almost exclusively of granular tube-casts from the kidneys, with scarce a trace of epithelium from the bladder. By this time the albumen has usually become considerable, the chlorides have been greatly reduced, and the urine as a whole is usually scanty, and may even go on to complete suppression. If there be much yellowness, the urine may contain a variable quantity of the coloring matter of the bile. The alvine discharges are devoid of the natural feculent appearance, especially from the third day onward till the disease gives way. As the alvine and urinary secretions assume these peculiarities, there is a great tendency to black vomit or discharges of similar matter from the bowels, or to the so-called hemorrhages from the various mucous surfaces, or even in some cases from the skin; and after death such may often be found in the stomach or intestines when not manifested during life. Such are the distinctive features of a normal case of yellow fever, but in some the occurrence of the urinary symptoms may take place earlier than here mentioned, and in others they seem to be delayed for a day or two; but whenever watched from day to day, and properly examined, it is found that the changes in the urine not only embrace the presence of albumen, but indicate desquamation of the bladder and kidneys as regular features of the disease. It is important to bear this in mind, for in some varieties of intermittent albumen has been found in the urine; but in such cases it occurred during the cold stage only, and went off as the fever came on, and was not preceded or accompanied by the desquamative process present in yellow fever, but which is not met with in either the pure intermittent or remittent.

1. Yellow fever is not a disease always presenting the continued form, but it is met with frequently as a remittent, and even as an open intermittent.

2. The sporadic cases presenting yellowness of surface and black vomit are also found to have the train of urinary symptoms characterizing yellow fever, and are consequently identical with those met with during an epidemic.

3. In very many instances where persons in the vicinity of yellow-fever cases are attacked with the disease, the facts do not admit of the exclusion of local causes, and such instances therefore can not enable us to decide whether these causes or personal contagion have originated the disease; but from time to time other instances occur in which the exclusion of local causes can be assured, and in these, however extensive the exposure of susceptible individuals to the emanations from the sick may have been, the uniform result is that no communication of the disease has taken place.

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THE rapidly increasing demand for our **Improved Extract of Malt** during the four years that it has been manufactured and offered to the medical profession in America justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity, and we positively assure the profession that our Extract of Malt is not only

PERFECTLY PURE AND RELIABLE,

but that it will keep for years in any climate without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal in every respect the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process* which prevents injury to its properties or flavor by excess of heat.

IT REPRESENTS THE SOLUBLE CONSTITUENTS OF MALT AND HOPS,

viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract as given by S. H. DOUGLAS, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:
Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.
In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,
SILAS H. DOUGLAS,
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,	with	Hops (Plain),	- - - - - -	$1 00
"	"	"	Pyrophosphate of Iron (Ferrated), - - -	1 00
"	"	"	Cod Liver Oil, - - - - - -	1 00
"	"	"	Cod Liver Oil and Iodide of Iron, - - - -	1 00
"	"	"	Cod Liver Oil and Phosphorus, - - - -	1 00
"	"	"	Hypophosphites, - - - - - -	1 50
"	"	"	Iodides, - - - - - - -	1 50
"	"	"	Alteratives, - - - - - - -	1 50
"	"	"	Citrate of Iron and Quinia, - - - -	1 50
"	"	"	Pepsin, - - - - - - - -	1 50

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No. 1—106-ew-1y

NEW REMEDIES.

☞Your Special Attention is called to the Note below.

Quinine Flower.—Used in the South during the late war to some extent as a substitute for quinine, and uow introduced to the profession by us.

Yerba Reuma.—From the Pacific slope, now introduced by us. Used in diseases of the mucous passages, especially in catarrh, acute and chronic, leucorrhœa, gonorrhœa, and dysentery.

Kava Kava.—From the Sandwich Islands. First introduced by us. An efficient and agreeable remedy in gonorrhœa, gleet, gout, and rheumatism.

Cascara Sagrado.—Introduced by us. It has long been regarded by the residents of the Pacific coast as a sovereign remedy for habitual constipation and dyspepsia.

Coto Bark.—From Bolivia. First introduced by us. It is said to be almost a specific against diarrhœa in its various modifications.

Coca Leaves.—A powerful nervous excitant, giving great vigor to the muscular system and sustaining the human frame under extreme physical exertion and fatigue.

Paraguay Tea.—Largely used in South America as a stimulant to sustain the system when under going hunger, or great fatigue during the summer heat.

Guaco Leaves.—This valuable remedy was also first introduced by us. Its use is indicated in cholera. diarrhœa, chronic rheumatism, etc.

Berberis Aquifolium.—A new California drug, now introduced by us, possessing extraordinary powers as a combined alterative and tonic, and valuable in syphilitic and scrofulous diseases, salt rheum, etc.

Boldo Leaves.—First introduced by us. The new South American tonic. In France it has been employed in cases where quinine could not be tolerated.

Areca Nuts.—First introduced by us. From India. Strongly astringent. Used by Dr. Morris, of England, in the removal of tape worm.

Grindelia Squarrosa.—From California. First introduced by us. An excellent and efficient remedy in malarial diseases, enlarged spleen, etc.

Yerba Santa.—From northern California. First introduced by us. This drug is a standard remedy in the Western States in bronchial and laryngeal disorders.

Fucus Vesiculosus.—First introduced by us. An anti-fat remedy of great merit. No derangement of the stomach or general system seems to result from its use.

Grindelia Robusta.—From the Pacific slope. Since this drug was first introduced by us it has earned for itself a reputation for almost specific curative action in asthma.

NOTE.—There are several false varieties of this plant which are offered as genuine. Physicians will readily perceive the difference in the taste of the fluid extract as compared with our preparation of the TRUE plant.

KOOSO, GUARANA, BAEL FRUIT, BUCKEYE BARK, URTICA DIOICA, SOAPTREE BARK, SANDAL WOOD, PULSATILLA. SUNDEW,	USTILAGO MAIDIS, MAGNOLIA FLOWERS, AILANTHUS GLANDULOSA, FIVE-FLOWERED GENTIAN, NIGHT-BLOOMING CEREUS, GRINDELIA COMPOUND, XANTHIUM SPINOSUM. WATER FENNEL SEED, POMEGRANATE BARK, EVENING PRIMROSE,	DAMIANA, BEARSFOOT, BROOM TOP, COUCH GRASS, CASTOR LEAVES, PARSLEY SEED, ARBOR VITÆ, CHIRETTA, KAMALA.

NOTE.—For a detailed description of the botanical history and medicinal application of each drug, send stamp for our descriptive circular. We will also furnish our price-list if desired. Any inquiry regarding these New Remedies will be promptly answered.

PARKE, DAVIS & CO., Manufacturing Chemists, Detroit.

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1878. STATEMENT 1878.

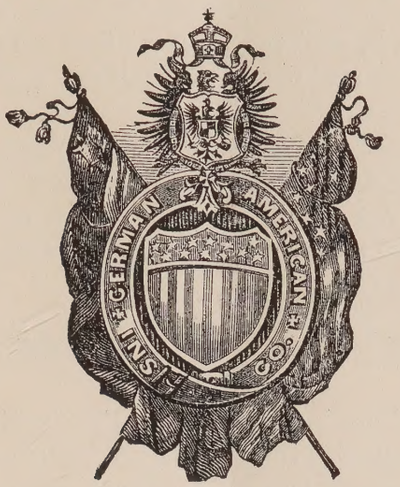
OF THE CONDITION OF THE

German-American Insurance Co.

OF NEW YORK.

JANUARY 1, 1878, SOUTHERN DEPARTMENT.

KENTUCKY,
TENNESSEE,
GEORGIA,
ALABAMA,
FLORIDA.



ARKANSAS,
TEXAS,
N. CAROLINA,
S. CAROLINA,
LOUISIANA.

LOUISVILLE, KY.

ASSETS.

United States Bonds,	$1,342,350 00
Missouri State 6 per cent Bonds,	52,500 00
Rochester City Water Loan Bonds, 7 per cent,	44,000 00
Buffalo City Bonds, 7 per cent,	27,500 00
Yonkers City Bonds, 7 per cent,	23,100 00
Central Pacific, First Mortgage, Gold Bonds,	52,500 00
Union Pacific, First Mortgage, Gold Bonds,	52,250 00
Chicago, Rock Island and Pacific 6 per cent Bonds, First Mortgage,	53,000 00
New York Central R. R. 6 per cent Bonds,	52,000 00
Syracuse, Binghamton and New York R. R. Bonds, First Mortgage,	20,000 00
Delaware, Lackawanna and Western R. R. Bonds,	8,000 00
New York and Harlem R. R. Stock,	71,000 00
Loans on call, secured by U. S. and State Bonds,	286,200 00
Agency Cash in course of transmission,	53,801 65
Premiums due on Policies, New York Office,	16,251 12
Cash in Banks,	167,991 81
Cash in Office,	2,498 04
	$2,324,942 62

LIABILITIES AND SURPLUS.

Cash Capital,	$1,000,000 00
Losses in process of adjustment,	99,228 77
Reserve for Re-Insurance,	524,767 34
Commissions, &c.,	13,450 41
Net Surplus,	687,496 10
	$2,324,942 62

E. OELBERMANN, Pres.
JOHN W. MURRAY, V. Pres. } **New York.** { **JAMES A. SILVEY, Sec'y.**
THOS. F. GOODRICH, Sec'y Ag'cy D'pt.

SOUTHERN DEPARTMENT, S. E. COR. SIXTH AND MAIN STREETS, LOUISVILLE, KY.

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LIQUID PEPSIN, a very palatable medicine that will not decompose nor spoil; highly recommended by all physicians who have once used it.

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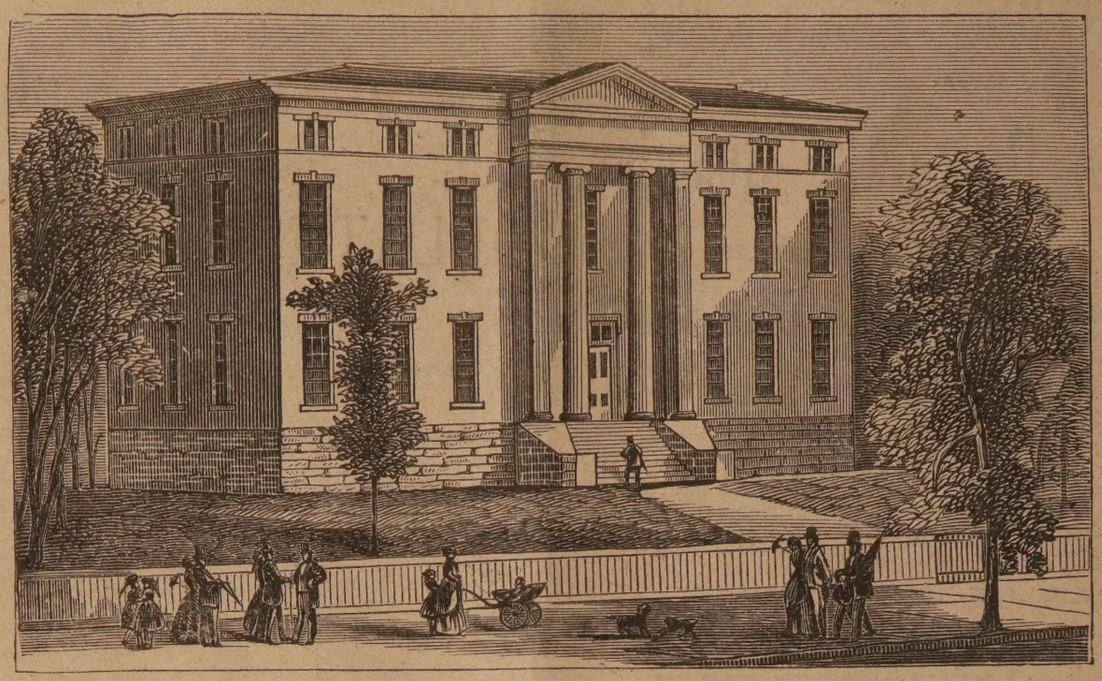

MEDICAL DEPARTMENT,

COR. OF EIGHTH AND CHESTNUT STS.

FORTY-FIRST ANNUAL SESSION.

FACULTY.

J. M. BODINE, M. D.....Professor of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, Jr., M. D.....Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....Professor of Science and Practice of Medicine and Public Hygiene.
JOHN E. CROWE, M. D.....Professor of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....Professor of Materia Medica and Medical Chemistry.
DAVID W. YANDELL, M. D.....Professor of the Science and Art of Surgery and Clinical Surgery.
R. O. COWLING, M. D.....Professor of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

FEES.—Professors' Tickets, in full, $50.00; Matriculation Fee, $5.00; Demonstrator's Ticket, $10.00; Graduation, $30.00; Hospital Ticket (required by City), $5.00.

☞ The Regular Session will commence on the first Monday in October, and continue until the 1st of March.
☞ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

☞ For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,
Corner Fifth and Walnut Streets.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 6th and continue till June 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. Roberts, H. A. Cottell, Wm. Cheatham, W. B. Doherty, W. H. Long, and R. B. Gilbert.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is $25.00, For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.